

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

305065
BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET

NUMBER: 2022 - 46 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: LEANNE WALASEK

Telephone: 843-588-1231

Address: 472 MEETING STREET

Fax:

C-178

Other:

CHARLESTON, SC 29403

Email: LEANNE@SNAPCHS.COM

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Application - Class A/A Restricted | <input type="checkbox"/> Request for Name Change on Certificate |
| <input type="checkbox"/> Application - Class C Taxi | <input type="checkbox"/> Request to Amend Scope of Authority |
| <input checked="" type="checkbox"/> Application - Class C Charter | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application - Class C Charter Bus | <input type="checkbox"/> Request to Amend Passenger Limit |
| <input type="checkbox"/> Application - Class C Non-Emergency | <input type="checkbox"/> Request |
| <input type="checkbox"/> Application - Class C Stretcher Van | <input type="checkbox"/> Exhibit |
| <input type="checkbox"/> Application - Class E Household Goods | <input type="checkbox"/> Late-Filed Exhibit |
| <input type="checkbox"/> Application - Class E Hazardous Waste | <input type="checkbox"/> Letter |
| <input type="checkbox"/> Application | <input type="checkbox"/> Proposed Order |
| <input type="checkbox"/> Request for Extension to Comply with Order | <input type="checkbox"/> Publisher's Affidavit |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded | <input type="checkbox"/> Reservation Letter |
| <input type="checkbox"/> Request for Cancellation of Certificate | <input type="checkbox"/> Response |
| <input type="checkbox"/> Request for Suspension | <input type="checkbox"/> Return to Petition |
| <input type="checkbox"/> Request for Reinstatement | <input type="checkbox"/> Other: _____ |

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 Executive Center Drive, Suite 100
Columbia, South Carolina 29210

Phone: (803) 896-5100 Fax: (803) 896-5199

**APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR
 OPERATION OF MOTOR VEHICLE CARRIER**

Date: 1-21-22

CLASS C - CHARTER

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq (1976), and amendments thereto.

1. COMPLETE CHARLESTON TOURS, LLC
 Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)
- 472 MEETING STREET C-178 CHARLESTON SC 29403
 Street Address of Applicant
- Mailing Address of Applicant (if different from street address)
- 843-588-1231
 Phone Fax
- LEANNE@SNAPCHS.COM
 Email Address

2. If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

- ☐ Individual Owner/Sole Proprietorship
- ☐ Partnership - List names and addresses of all person having an interest in the business.
- ☒ Corporation - List names and addresses of two principal officers.

LEANNE WALASEK MANAGING MEMBER 472 MEETING STREET C-178 CHARLESTON SC 29403

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

Financial Statement

Applicant's assets and liabilities are as follows:

<u>Assets:</u>		<u>Liabilities:</u>	
Value of Real Estate	<input type="text"/>	Mortgage/Loan on Real Estate	<input type="text"/>
Value of Motor Vehicles	73,000	Loans Owed on Motor Vehicles	<input type="text"/>
Cash on Hand	<input type="text"/>	Business/Other Loans Owed	<input type="text"/>
Cash in Bank	75,000	Other Liabilities or Debts	<input type="text"/>
Value of Other Assets and Equipment	<input type="text"/>	Total Liabilities	<input type="text"/>
Total Assets	148,000		

INSTRUCTIONS:

1. "Value of Real Estate" means the actual or estimated market value of any real property/buildings owned by the Company/Business Applying for a Certificate.
2. "Mortgage/Loan on Real Estate" means the outstanding balance on any Mortgage, Equity Line or other Loan secured by the Real Estate listed in Item 1.
3. "Value of Motor Vehicles" means the actual or fair estimated value of any moving vans, trucks or other vehicles owned by the Company/Business Applying for a Certificate.
4. "Loans Owed on Motor Vehicles" means the outstanding balance on any loans or liens on the vehicles listed in Item 3.
5. "Cash on Hand" is the total of actual cash held by the Company/Business applying for a Certificate on the day this form is filled out.
6. "Business/Other Loans Owed" means the outstanding balance on any small business loan or other unsecured loan made by a person, bank or business to the Business/Company applying for a Certificate.
7. "Cash in Bank" means the current balance in checking accounts, savings accounts or the like in the name of the Company/Business applying for a Certificate. Do not include retirement accounts or personal bank account balances.
8. "Value of Other Assets and Equipment" should include the actual or estimated value of items such as office equipment (computers/furnishings), moving equipment (hand trucks/blankets/strapping), and trailers.
9. "Other Liabilities or Debts" means specific amounts/balances which the Company/Business applying for a Certificate knows that it owes to other persons or companies; for example Franchise Fees. This does NOT include regular bills such as electricity bills, security system costs, insurance, salaries, etc.

PROPOSED RATES AND CHARGES FOR SERVICE**Proposed Rates and Charges:****TOURS RANGE FROM \$25-125**

Requested Scope of Authority: Check all counties in which you are requesting permission to operate.
You will only be allowed to operate in those counties checked below. You may request "Statewide" authority if you intend to operate in all counties in South Carolina.

- | | | | | |
|--|--|-------------------------------------|-------------------------------------|---------------------------------------|
| <input type="checkbox"/> Abbeville | <input type="checkbox"/> Cherokee | <input type="checkbox"/> Florence | <input type="checkbox"/> Lee | <input type="checkbox"/> Saluda |
| <input type="checkbox"/> Aiken | <input type="checkbox"/> Chester | <input type="checkbox"/> Georgetown | <input type="checkbox"/> Lexington | <input type="checkbox"/> Spartanburg |
| <input type="checkbox"/> Allendale | <input type="checkbox"/> Chesterfield | <input type="checkbox"/> Greenville | <input type="checkbox"/> Marion | <input type="checkbox"/> Sumter |
| <input type="checkbox"/> Anderson | <input type="checkbox"/> Clarendon | <input type="checkbox"/> Greenwood | <input type="checkbox"/> Marlboro | <input type="checkbox"/> Union |
| <input type="checkbox"/> Bamberg | <input type="checkbox"/> Colleton | <input type="checkbox"/> Hampton | <input type="checkbox"/> McCormick | <input type="checkbox"/> Williamsburg |
| <input type="checkbox"/> Barnwell | <input type="checkbox"/> Darlington | <input type="checkbox"/> Horry | <input type="checkbox"/> Newberry | <input type="checkbox"/> York |
| <input type="checkbox"/> Beaufort | <input type="checkbox"/> Dillon | <input type="checkbox"/> Jasper | <input type="checkbox"/> Oconee | |
| <input checked="" type="checkbox"/> Berkeley | <input checked="" type="checkbox"/> Dorchester | <input type="checkbox"/> Kershaw | <input type="checkbox"/> Orangeburg | <input type="checkbox"/> Statewide |
| <input type="checkbox"/> Calhoun | <input type="checkbox"/> Edgefield | <input type="checkbox"/> Lancaster | <input type="checkbox"/> Pickens | |
| <input checked="" type="checkbox"/> Charleston | <input type="checkbox"/> Fairfield | <input type="checkbox"/> Laurens | <input type="checkbox"/> Richland | |

DESCRIPTION OF EQUIPMENT

You are not required to own a vehicle to file an application. However, prior to being issued a certificate by ORS, you will be required to have obtained a vehicle.

Maximum Number of Passengers Vehicle is Equipped to Carry: (The number of passengers a vehicle is equipped to carry is based on the number of seatbelts in the vehicle, including the driver's seatbelt.)

- ☐ 1-7 Passengers, including driver
☒ 8-15 Passengers, including driver

MAKE	YEAR & MODEL	VIN#	EMPTY WEIGHT
MERCEDES	2021 SPRINTER 2500	W1Z4EFHY2MT078694	5747

INSURANCE QUOTE**This form MUST BE COMPLETED.**

The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested. You will not be required to purchase insurance until your application has been approved and an order has been issued by the PSC. **THIS IS ONLY A QUOTE.**

The following insurance quote is for:

COMPLETE CHARLESTON TOURS, LLC

Name of Applicant

472 MEETING STREET, C-178 CHARLESTON SC 29403

Address of Applicant

Amount of Premium:**Limits Quoted: (See Below)**

Liability Insurance \$ 3,474

Limits \$500,000

The above quoted premium is for a term of 12 months.

Minimum Limits - Intrastate Only:

1-7 Passengers* \$ 25,000/50,000/25,000

8-15 Passengers* \$ 25,000/100,000/25,000

* Passengers = Number of seatbelts in the vehicle, including the driver's seatbelt

PALMETTO-GROUP INSURANCE, PROGRESSIVE

Name of Insurance Company

4000 Faber Place Dr. Ste. 300, Charleston, SC 29405

Home Office Address of Company

I, the Applicant, am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

NOTICE:

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact the Department of Motor Vehicles at (803) 896-8457 or (803) 896-9903.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at www.wcc.state.sc.us/self-insurance.

Exhibit Fit, Willing, and Able (FWA)**COMPLETE CHARLESTON TOURS, LLC LEANNE WALASEK MANAGING MEMEBER**

Name of Applicant

1. Are there currently any outstanding judgments against the Applicant?

☐ Yes☒ No

If Yes, list judgements here:

2. Is Applicant familiar with all statutes and regulations, including safety regulations and governing for-hire motor carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

☒ Yes☐ No

3. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes☐ No

Exhibit on Driver Qualifications

1. Applicant understands that all drivers must be a minimum of 18 years of age.

☒ Yes

☐ No

2. Applicant understands that a certified copy of the driver's three (3) year driving record issued by the SC DMV and such record from the DMV of the state in which the driver is or has been domiciled for such period must be maintained in the Applicant's business office.

☒ Yes

☐ No

3. Applicant understands that a criminal history background check from the state where the driver currently lives must be maintained in the Applicant's business office.

☒ Yes

☐ No

4. Applicant understands that all drivers operating a vehicle under a Class C Certificate must have in their possession when operating a charter vehicle, a valid driver's license issued by the SC DMV or the current state of residence of the driver.

☒ Yes

☐ No

5. Applicant understands that all Class C Certificate holders are prohibited from employing or leasing vehicles to drivers who are registered, or required to be registered, as sex offenders with the South Carolina State Law Enforcement Division or any national registry of sex offenders.

☒ Yes

☐ No

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 EXECUTIVE CENTER DRIVE, SUITE 100
COLUMBIA, SOUTH CAROLINA 29210

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 2, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

S.C. Code Ann. Section 58-3-250 states, in part, that every final order of the Commission must be served by electronic service, registered or certified mail, upon the parties to the proceeding or their attorneys.

Please check the applicable box:

- ☒ The Applicant AGREES to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System. The Applicant authorizes the Commission to serve its orders by using the e-mail address as it appears on page one of this Application. To sign up for eService notifications, please visit www.psc.sc.gov to create a My DMS account.
- ☐ The Applicant DOES NOT AGREE to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System.

The Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.


Applicant's Signature

MANAGING MEMBER

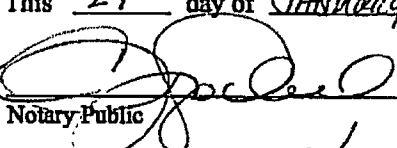
Title of Applicant (e.g. President, Owner, etc.)

STATE OF SOUTH CAROLINA)

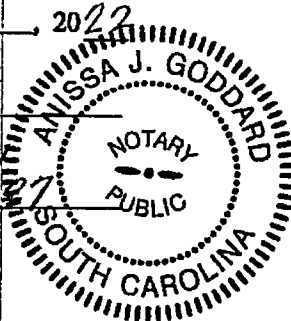
COUNTY OF Charleston)

SWORN TO BEFORE ME

This 24 day of JANUARY, 2022


Notary Public

Commission Expires 3/17/27



Print Application

Filing ID: 211129-0928228

Filing Date: 11/26/2021

**STATE OF SOUTH CAROLINA
SECRETARY OF STATE****ARTICLES OF ORGANIZATION
Limited Liability Company – Domestic**

The undersigned delivers the following articles of organization to form a South Carolina limited liability company pursuant to S.C. Code of Laws Section 33-44-202 and Section 33-44-203.

1. The name of the limited liability company (Company ending must be included in name*)

Complete Charleston Tours LLC

*Note: The name of the limited liability company must contain one of the following endings: "limited liability company" or "limited company" or the abbreviation "L.L.C.", "LLC", "L.C.", "LC", or "Ltd. Co."

2. The address of the initial designated office of the limited liability company in South Carolina is
472 Meeting Street #C178

(Street Address)

Charleston, South Carolina 29403

(City, State, Zip Code)

3. The initial agent for service of process is

Leanne Walasek

(Name)

(Signature of Agent)

And the street address in South Carolina for this initial agent for service of process is:
472 Meeting Street #C178

(Street Address)

Charleston

South Carolina 29403

(City)

(Zip Code)

4. List the name and address of each organizer. Only one organizer is required, but you may have more than one.

(a)

Leanne Walasek

(Name)

472 Meeting Street #C178

(Street Address)

Charleston, South Carolina 29403

(City, State, Zip Code)

Complete Charleston Tours LLC

Name of Limited Liability Company

9. Any other provisions not consistent with law which the organizers determine to include, including any provisions that are required or are permitted to be set forth in the limited liability company operating agreement may be included on a separate attachment. Please make reference to this section if you include a separate attachment.

10. Each organizer listed under number 4 must sign.

Leanne Walasek

Signature of Organizer

Date: 11/26/2021

Signature of Organizer

Date: 11/26/21

Complete Charleston Tours LLC

Name of Limited Liability Company

(b)

(Name)

(Street Address)

(City, State, Zip Code)

5. ☐ Check this box only if the company is to be a term company. If the company is a term company, provide the term specified. _____
6. ☐ Check this box only if management of the limited liability company is vested in a manager or managers. If this company is to be managed by managers, include the name and address of each initial manager.

(a)

(Name)

(Street Address)

(City, State, Zip Code)

(b)

(Name)

(Street Address)

(City, State, Zip Code)

7. ☐ Check this box only if one or more of the members of the company are to be liable for its debts and obligations under Section 33-44-303(c). If one or more members are so liable, specify which members, and for which debts, obligations or liabilities such members are liable in their capacity as members. This provision is optional and does not have to be completed.

--

8. Unless a delayed effective date is specified, these articles will be effective when endorsed for filing by the Secretary of State. Specify any delayed effective date and time _____.

Business Entities Online

File, Search, and Retrieve Documents Electronically

Complete Charleston Tours LLC

Corporate Information

Entity Type: Limited Liability Company

Status: Good Standing

Domestic/Foreign: Domestic

Incorporated State: South Carolina

Important Dates

Effective Date: 11/26/2021

Expiration Date: N/A

Term End Date: N/A

Dissolved Date: N/A

Registered Agent

Agent: Leanne Walasek

Address: 472 Meeting Street #C178
Charleston, South Carolina 29403

Official Documents On File

Filing Type	Filing Date
Articles of Organization	11/26/2021

CERTIFIED TO BE A TRUE AND CORRECT COPY
AS TAKEN FROM AND COMPARED WITH THE
ORIGINAL ON FILE IN THIS OFFICE

Jan 25 2022
REFERENCE ID: 955221

Mark Hammond

Complete Charleston Tours LLC

Name of Limited Liability Company

(b)

(Name)

(Street Address)

(City, State, Zip Code)

5. ☐ Check this box only if the company is to be a term company. If the company is a term company, provide the term specified. _____
6. ☐ Check this box only if management of the limited liability company is vested in a manager or managers. If this company is to be managed by managers, include the name and address of each initial manager.

(a)

(Name)

(Street Address)

(City, State, Zip Code)

(b)

(Name)

(Street Address)

(City, State, Zip Code)

7. ☐ Check this box only if one or more of the members of the company are to be liable for its debts and obligations under Section 33-44-303(c). If one or more members are so liable, specify which members, and for which debts, obligations or liabilities such members are liable in their capacity as members. This provision is optional and does not have to be completed.


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CERTIFIED TO BE A TRUE AND CORRECT COPY
AS TAKEN FROM AND COMPARED WITH THE
ORIGINAL ON FILE IN THIS OFFICE

Jan 25 2022

REFERENCE ID: 955221



**STATE OF SOUTH CAROLINA
SECRETARY OF STATE**

**ARTICLES OF ORGANIZATION
Limited Liability Company – Domestic**

Filing ID: 211129-0928228

Filing Date: 11/26/2021

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Complete Charleston Tours LLC

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472 Meeting Street #C178

(Street Address)

Charleston, South Carolina 29403

(City, State, Zip Code)

3. The initial agent for service of process is

Leanne Walasek

(Name)

(Signature of Agent)

And the street address in South Carolina for this initial agent for service of process is:

472 Meeting Street #C178

(Street Address)

Charleston

(City)

South Carolina 29403

(Zip Code)

4. List the name and address of each organizer. Only one organizer is required, but you may have more than one.

(a)

Leanne Walasek

(Name)

472 Meeting Street #C178

(Street Address)

Charleston, South Carolina 29403

(City, State, Zip Code)

CERTIFIED TO BE A TRUE AND CORRECT COPY
AS TAKEN FROM AND COMPARED WITH THE
ORIGINAL ON FILE IN THIS OFFICE.

Jan 25 2022

REFERENCE ID: 955221



Complete Charleston Tours LLC

Name of Limited Liability Company

9. Any other provisions not consistent with law which the organizers determine to include, including any provisions that are required or are permitted to be set forth in the limited liability company operating agreement may be included on a separate attachment. Please make reference to this section if you include a separate attachment.

10. Each organizer listed under number 4 must sign.

Leanne Walasek

Signature of Organizer

Date: 11/26/2021

Signature of Organizer

Date: 1-25-22

1/25/2022 9:32 AM

noreply@noreply.sc.gov

Business Filing Confirmation

leannewalasek@comcast.net

Business Name: Complete Charleston Tours LLC**Thank you for your document request.****Your document and/or certificate request has been submitted for approval. You will receive an email when the request has been reviewed.****Please note that a hold may be placed on your account for the amount of the request until the request is reviewed by the SC Secretary of State's Office. This amount will be captured once the request has been approved or released if the request has been rejected.**

Transaction ID: 955221

Order Summary

Certificate	\$10.00
Service Fee* SC.GOV	\$4.00
Certified Documents for Articles of Organization	\$4.00
Service Fee* SC.GOV	\$2.50

PROGRESSIVE
COMMERCIALPALMETTO GROUP INSUR
4000 FABER PL DR #300
CHARLESTON, SC 29405

Named insured

Complete Charleston Tours LLC
472 MEETING ST
#C178
CHARLESTON, SC 29403**Policy number: 954221966**Underwritten by:
Progressive Northern Insurance Co
December 24, 2021
Policy Period: Dec 20, 2021 - Dec 20, 2022
Page 1 of 2**progressiveagent.com****Online Service**Make payments, check billing activity, print
policy documents, update your policy or
check the status of a claim.**1-843-323-4360****PALMETTO GROUP INSUR**

Contact your agent for personalized service.

1-800-444-4487For customer service if your agent is
unavailable or to report a claim.
PO Box 94739
Cleveland, OH 44101**Commercial Auto
Insurance Coverage Summary**
This is your Declarations Page
Your policy information has changed

Your coverage began the later of December 20, 2021 at 12:01 a.m. or the effective time shown on your application. This policy period ends on December 20, 2022 at 12:01 a.m.

This coverage summary replaces your prior one. Your insurance policy and any policy endorsements contain a full explanation of your coverage. The policy limits shown for an auto may not be combined with the limits for the same coverage on another auto, unless the policy contract allows the stacking of limits. The policy contract is form 6912 (02/19). The contract is modified by forms 2852SC (02/19), 4852SC (02/19), 4881SC (02/19) and Z228 (01/11).

The named insured organization type is a corporation.

Outline of coverage

Description	Limits	Deductible	Premium
Liability To Others			\$608
Bodily Injury Liability	\$25,000 each person/\$50,000 each accident		
Property Damage Liability	\$25,000 each accident		
Uninsured Motorist			152
Bodily Injury	\$25,000 each person/\$50,000 each accident		
Property Damage	\$25,000 each accident	\$200	
Underinsured Motorist			162
Bodily Injury	\$25,000 each person/\$50,000 each accident		
Property Damage	\$25,000 each accident	\$0	
Medical Payments	Rejected		--
Comprehensive			241
See Auto Coverage Schedule	Limit of liability less deductible		
Collision			1,338
See Auto Coverage Schedule	Limit of liability less deductible		
Subtotal policy premium			\$2,501
UM Fund Fee			2
Total 12 month policy premium and fees			\$2,503

Rated drivers

1. Leanne Walasek

1/21/2022 5:38 AM

Jamie Richardson <jrichardson@palmettogroupinsurance.com>

RE: CCT LLC

LEANNE WALASEK <leannewalasek@comcast.net>

Good Morning Leanne,

Thanks for coming by, and enjoyed meeting you as well. Alright so I reviewed the document and does appear they require the commercial GL policy which was the quote I sent you through Next. In addition we need to increase your commercial auto liability limits from the current to \$500,000. I just reviewed the possible change and would increase the annual premium from \$2,503 to \$3,474. It will probably be around \$750 for the year with it being pro-rated at the time we need to complete the change. I was thinking \$300,000 would be a good spot in that the \$500K is the next level up.

Also while reviewing the coverage I noticed you have \$5,000 Comprehensive and Collision deductibles which is really high. My suggestion is when we make the change on the policy is possibly lower those to \$1,000. It would only increase the annual premium by around \$250 and well worth it for having to come up with \$4,000 less out of pocket. Again just a recommendation, but we can discuss when we speak next month. Just let me know if you have issues at the DMV, and have a great weekend. Thanks, and talk soon.

Jamie Richardson
Agency Owner
Palmetto Group Insurance, LLC
4000 Faber Place Dr, Ste. 300, Charleston, SC 29405
Office: 843.323.4360 : Cell: 803.360.8069

From:
Sent: Thursday, January 20, 2022 6:26 PM
To:
Subject: RE: CCT LLC

Here are the airport insurance regulations....
Maybe requite me on these requirements?
Great meeting you today! I will let you know what happens tomorrow....

Regards,

Good morning! I did just speak with you on the phone about Complete Charleston Tours LLC.

While you can imagine I am trying to get this off the ground asap, I did not realize I had to order an official SOS document. Here is my filing and payment for this sealed document, but I am sure this might take some time.

Also note from my insurance agent, while my van is sitting idle, I have the bare minimum of insurance, which is attached. I will increase the premiums to the stated as soon as I know I can get the PSC filing.

I am truly hoping you might expedite while I await these documents. Your help is greatly appreciated! Please feel free to contact me and let me know what my status is.

Thanks again

Leanne Walasek
CCT LLC
843-588-1231